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| 5 2006   | •   |  | U.S. Pa   | tent and Tra        | demark Office  | PTO/SB/21 (09-04)<br>e through 07/31/2006. OMB 0651-0031<br>U.S. DEPARTMENT OF COMMERCE  |  |
| Under the Pa   | perwork Reduction Act of 1995   | no persons are required to<br>Application                | Number  |                     |  | it displays a valid OMB control number.  |  |
| EMARES TO  | ANCMITTAL   | Filing Date  |   | 09/965,682          |  |  |  |
| IR   | ANSMITTAL   |  | Unicantas   | September 2         |  |  |  |
|  | FORM  | First Named  |   | ANANDA, M           | lohan  |  |  |
|  |   | Art Unit   |   | 2137                |  |  |  |
| (to be used for  | all correspondence after initial  | Examiner N   | ame   | FIELDS, Courtney D. |  |  |  |
| Total Number of  | f Pages in This Submission  | Attorney Do  | cket Number   | 04500.911           |  |  |  |
| Total Nulliber of Pages in This Submission   |   |  |   |                     |  |  |  |
| ENCLOSURES (Check all that apply)  After Allowance Communication to TC                     |   |  |   |                     |  |  |  |
| Amendme A A Extension Express Information Certified Documen Reply to I Incomple Incomple R | fter Final  ffidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority   | Change of Cor Terminal Discl Request for Re CD, Number o | evert to a plication ney, Revocation respondence Ad aimer efund f CD(s) |                     | Apport Ap | eal Communication to Board opeals and Interferences eal Communication to TC eal Notice, Brief, Reply Brief) rietary Information us Letter er Enclosure(s) (please Identify w): eight Postcard; Check No. 1302 in tof \$510.00; First Class |  |
|  | SIGNA   | TURE OF APPLIC   | ANT, ATTOR  | NEY, OF             | R AGENT  |  |  |
| Firm Name  | THE HECKER LAW GRO  | 2  |   | <u> </u>            | ·  |  |  |
| Signature  | Jack  | 11 Sugar   | 2   |                     |  |  |  |
| Printed name   | TODD N. SNYDER  |  |   |                     |  |  |  |
| Date   | January 3, 2006   |  | Re  | eg. No.             | 41,320   |  |  |
| sufficient postage   | CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature |  |   |                     |  |  |  |
|  | Cara  |  |   |                     |  |  |  |
| Typed or printed   | name Erances Scardir  | 0  |   |                     | Date   | January 3, 2006  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Feet virsuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

## FEE TRANSMITTA For FY 2005

| Applicant claims small entity st | See 37 | CFR 1.27 |        |
|----------------------------------|--------|----------|--------|
| TOTAL AMOUNT OF PAYMENT          | (\$)   |          | 510.00 |

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|----------------------|---------------------|---|--|--|--|
| Complete if Known    |                     |   |  |  |  |
| Application Number   | 09/965,682          |   |  |  |  |
| Filing Date          | September 26, 2001  |   |  |  |  |
| First Named Inventor | ANANDA, Mohan       |   |  |  |  |
| Examiner Name        | FIELDS, Courtney D. |   |  |  |  |
| Art Unit             | 2137                |   |  |  |  |
| Attorney Docket No.  | 04500.911           |   |  |  |  |

|   |                 | 0.0.00                              |                    | Attorney Docker                    | 1140. 10430            | 00.911                 |                    |
|---|-----------------|-------------------------------------|--------------------|------------------------------------|------------------------|------------------------|--------------------|
| METHOD OF PAYMENT   | T (check all th | nat apply)                          |                    |                                    |                        |                        |                    |
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-1520 Deposit Account Name: The Hecker Law Group, PLC  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                 |                                     |                    |                                    |                        |                        |                    |
| FEE CALCULATION   |                 |                                     |                    |                                    |                        |                        |                    |
| BASIC FILING, SEAR  Application Type  | FILING FE       | EES<br>nail Entity                  | SEARC              | Small Entity                       |                        | TION FEES              | Fees Paid (\$)     |
| Utility   | <del></del> -   | Fee (\$)<br>150                     | 500                | Fee (\$)<br>250                    | 200                    | <u>Fee (\$)</u><br>100 | 1 663 1 414 (4)    |
| Design  |                 | 100                                 | 100                | 50                                 | 130                    | 65                     |                    |
| Plant   |                 | 100                                 | 300                | 150                                | 160                    | 80                     |                    |
| Reissue   |                 | 150                                 | 500                | 250                                | 600                    | 300                    |                    |
| Provisional   | 200             | 100                                 | 0                  | 0                                  | 0                      | 0                      | <del></del>        |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid |                 |                                     |                    |                                    |                        |                        |                    |
| <u>Total Sheets</u><br>100 =  | Extra Sheets    | 5 U.S.C. 41(a)(<br>Number<br>/ 50 = | <u>r óf eách a</u> | additional 50 o<br>round up to a v | <u>or fráction the</u> |                        | (\$) Fee Paid (\$) |
| 4. OTHER FEE(S)  Non-English Specific   |                 | •                                   | =                  |                                    |                        | ,                      | Fees Paid (\$)     |
| Other (e.g., late filing surcharge): Three-month extension of time  |                 |                                     |                    |                                    | \$510.00               |                        |                    |

| SUBMITTED BY     |                   |   |                          |
|------------------|-------------------|---|--------------------------|
| Signature        | Told 11 Sunker    | Registration No.<br>(Attorney/Agent) 41,320 | Telephone (310) 286-0377 |
| Name (Print/Type | e) TODD N. SNYDER |   | Date January 3, 2006     |

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